



SUPPLEMENTAL WASHINGTON BUSINESS ACTIVITIES STATEMENT

EXC/WBA

Name: _____ Registration No: _____
Phone No: _____

Please supply answers to the following questions as they apply to divisions of your company/subsidiary companies. Attach additional sheets, if necessary.

1. If sales are solicited on your behalf from Washington customers or equipment installed in Washington by resident employees (salespeople, technical representatives, service and maintenance repair people, engineers, etc.), please supply:
 - a) "Job Description" for each type of employee or a brief written statement describing the duties and responsibilities of the employee(s).
 - b) Address of local in-state facility (office, warehouse, or salespeople home addresses, if the employee(s) work from their home(s)).
2. If sales are solicited on your behalf from Washington customers by non-resident employees, please supply:
 - a) "Job Description" for each type of employee or a brief written statement describing the duties and responsibilities of the employee(s) while in Washington State.
 - b) Does employee(s) present new and/or existing products to customers? Yes No
Does the employee(s) monitor inventories? Yes No
Does the employee(s) demonstrate the use of your products? Yes No
Does the employee(s) install and/or instruct your customers in the use of your products and/or equipment? Yes No
 - c) Number of employees traveling into Washington State. _____
- d) Number of trips into Washington each employee makes per week, per month, per year, and the length of time each employee remains in Washington during each trip (e.g. one day, three days, five days, two weeks).
- e) Type or category of customer contacted:

Manufacturer	Distributor
Wholesaler	Construction Contractor
Retailer	Government Agency
Other	
3. If sales are solicited on your behalf from Washington customers by independent agents (not employees) or other representatives (broker, jobber, manufacturer's representative, subcontractor, distributor), please supply the following:
 - a) A copy of the written agreement with your representative.
 - b) Name(s) of your representative(s) and their address(es) or the physical location of their business facility.
 - c) Does your representative(s) use your catalogs? Yes No
 - d) Does your representative(s) use your order forms? Yes No
 - e) Does your company accept or reject orders at an individual location outside Washington State (e.g. CA, IL, CT, NY)? Yes No
 - f) Do you provide Form 1099? Yes No
 - g) Does your representative(s) use your promotional materials? Yes No
 - h) Are commissions paid? Yes No
 - i) Who pays for the promotional material? Your company The independent representative
 - j) Do you have any control over your representative(s) (e.g. duties, time)? Yes No
 - k) Who bills for merchandise shipped into Washington? Your company The independent representative

Signature

Date

Name (Print or Type)

Position/Title